2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90223 045 ***150.00

DOCUMENT # P08610

1. Entity Name
MAXSON YOUNG ASSOCIATES, INC.

Principal Place of Business	Mailing Address
180 MONTGOMERY STREET SUITE 2100 SAN FRANCISCO, CA 94104 US	180 MONTGOMERY STREET SUITE 2100 SAN FRANCISCO, CA 94104 US

DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
51-0289022
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATTERS, MIKE
2600 DOUGLAS ROAD
STE 906
CORAL GABLES, FL 33134-6134

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vern Chalfant 556 Triangle Parkway, Suite 200 Norcross, Georgia 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Gabriel 555 Triangle Parkway, Suite 200 Norcross, Georgia 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary Brown Galleria Tower, 100 West Broadway, Suite 750 Glendale, CA 91210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ray Depole 180 Montgomery Street, Suite 2100 San Francisco, CA 94104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Stafford 180 Montgomery Street, Suite 2100 San Francisco, CA 94104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph A Faimali 180 Montgomery Street, Suite 2100 San Francisco, CA 94104

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph A. Faimali 3/18/05 (415) 228-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #